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Correspondence

TO THE EDITOR, *British Journal of Venereal Diseases*

Which *Neisseria*?

Sir,

I have read the paper by Willcox *et al.* (1977) with great interest. Their conclusions are confirmed by my own results of an investigation carried out on patients attending our clinic for venereal diseases during the years 1974 and 1975 (Table).

Of 357 patients with positive tonsillar cultures for *Neisseria meningitidis*, 208 (58·3%) had positive genital cultures for *Neisseria gonorrhoeae*. Of 2055 patients with negative tonsillar cultures for *N. meningitidis*, 745 (36·3%) had positive genital cultures for *N. gonorrhoeae*. This difference is highly significant.

In conclusion, *N. meningitidis* was isolated 2·5 times more frequently from patients with genital gonorrhoea than from patients without, despite the fact that not only patients with recent orogenital contact had been included in our study. Genital *N. gonorrhoeae* was isolated almost twice as frequently from patients with tonsillar *N. meningitidis* than from patients without. I think, therefore, that these results from consecutive, unselected patients may be of interest.

Yours faithfully,

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References

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Table *Results of tonsillar and genital cultures in* 2412 *patients*

			Tonsillar cultures (positive)					
	Total		N. gonorrhoeae		N. meningitidis		*Other* Neisseria	
Genital cultures	*Men*	*Women*	*Men*	*Women*	*Men*	*Women*	*Men*	*Women*
Neisseria gonorrhoeae								
Positive	754	199	16	6	164 (21·7%)	44 (22·1%)	40	10
Negative	1002	457	3	4	112 (11·2%)	37 (8·1%)	24	13
Total	1756	656	19	10	276	81		

TO THE EDITOR, *British Journal of Venereal Diseases*

Hepatitis B surface antigen in homosexuals

Sir,

Since the observation of Vahrman (1970) that hepatitis B in promiscuous homosexual men might be sexually transmitted work by others in London and New York has confirmed the original impression. However, those cities are metropolitan centres attracting homosexual men who for a variety of reasons find it easier to live in their locales, and it may be argued that the results from such centres may not be similar to those found in provincial cities. It was, therefore, decided to examine for hepatitis B surface antigen (HBsAg) all male homosexual and bisexual patients attending the department of genitourinary medicine at the General Infirmary, Leeds, between June 1975 and December 1977. All sera were tested for HBsAg by immunoelectro-osmophoresis and turkey erythrocyte haemagglutination (Hepatest); in addition, a few samples were tested by radio immunoassay.

Sera were obtained from 359 patients (mean age 31, age range 14–72 years). Inquiries showed that 316 patients were unmarried (eight stated that they were bisexual), 24 were married, 18 were separated or divorced, and one widowed. Of the 359 patients, sexually transmitted disease (STD) was present in 247 (68·8%) and a past history of STD was obtained from 186 (51·8%). The place of birth of 346 patients was the British Isles, of 10 Western Europe, of two Jamaica, and of one Thailand.

HBsAg was present in the serum of 12 (3·3%) unmarried patients—one born in Thailand and 11 in the British Isles—whose mean age was 25·7 years (age range 18–33 years). STD was present in 10 of these and eight gave a past history of STD. No history of jaundice, liver disease, or drug or alcohol abuse was obtained from eight patients; of the remaining four, one had suffered from jaundice a year previously, one was stated to have had infectious hepatitis a month earlier, one was suffering from infectious hepatitis at the time of examination, and one had been in contact with a man said to have had jaundice three months previously.

These results support previous findings on the high incidence of hepatitis B infection in homosexuals and suggest that the incidence in a provincial city is comparable with that of a large metropolitan area.

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Vahrman, J. (1970). Letter: Transmission of hepatitis. *Lancet*, **2**, 774.

TO THE EDITOR, *British Journal of Venereal Diseases*

Cryosurgery of genital warts

Sir,

The number of patients seeking treatment for genital warts in departments of genitourinary medicine has increased gradually over the years. In 1976 21 959 (5·8%) of all patients seen in these departments had genital warts (Department of Health and Social Security, 1977). The multiplicity of methods of treatment used for genital warts emphasizes the limited effectiveness of any one of these. Cryosurgery has been used with some success as one of the destructive methods (Ostergard and Townsend, 1969; Ng *et al.*, 1973; Ghosh, 1977), but it has not achieved widespread acceptance probably because of unsatisfactory early equipment and important differences in